

APR 25 2005

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FACSIMILE COVER LETTER

To: U.S. Patent Office
Commissioner for Patents
Examiner Jingge Wu

Firm: U.S. Patent and Trademark Office

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: April 25, 2005

Re: FLH Ref No.: 450101-02516
Serial No: 09/579,803

Number of Pages: 14
(including cover page)

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PATENT
450101-02516**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED
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Applicant(s) : TAKAHIRO FUKUHARA ET AL.
 Serial No. : 09/579,803
 For : WAVELET INVERSE TRANSFORM METHOD AND APPARATUS AND
 WAVELET DECODING METHOD AND APPARATUS
 Filed : MAY 26, 2000
 Examiner : JINGGE WU
 Art Unit : 2623

745 Fifth Avenue
New York, NY 10151Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	20	Minus	** =22	* 0 x	\$18 (9)	= \$ 0
Independent claims	4	Minus	*** =4	* x	\$88 (44)	= \$
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A credit card payment form in the amount of \$ is attached, which covers the cost of additional claims.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this paper or fee is being transmitted on 703-872-9306 to Commissioner for Patents on April 25, 2005.

Thomas F. Presson

(Typed or printed name of person mailing paper or fee)

Thomas F. Presson
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

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PATENT
450101-02516**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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AND APPARATUS
Examiner : Wu, Jingge
Art Unit : 2623
Confirmation No. : 8527

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Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson
Signature

April 25, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on January 25, 2005, having a three-month statutory period for response set to expire on April 25, 2005, please amend the above-identified application as follows.

PATENT
450101-02516

Amendments to the Claims are reflected in the listing of claims which begins on
page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.